

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-870)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14	1					
15		1				
16	1					
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL NO.	3					
TOTAL DEF.	18					
TOTAL	21					

	NO.	DEF.	NO.	DEF.	NO.	DEF.
61						
62						
63						
64						
65						
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100						
TOTAL NO.						
TOTAL DEF.						
TOTAL						